## WESTFIELD REGIONAL HEALTH DEPARTMENT

425 E. Broad Street Westfield, NJ 07090 (908) 789-4070 www.health@westfieldnj.gov

## BODY ART ESTABLISHMENT LICENSE RENEWAL

**Renewal Fee: \$200.00** 

Owner's Name	Telephone #				
Home Address	Street Address				
_	Municipality	State	Zip Code		
Email					
Business Name _		Telephone #			
Address _	Street Address	Fax #/e	e-mail		
<del>-</del>	Municipality	State	Zip Code		
Applicant (check one) Individual Partnership Firm or Corporation  List all partners/officers and addresses of corporation/firm:					
	lowing services you will be pr	roviding:			
□ E □ P □ T	Car Piercing (trailing edge of ear Piermanent Cosmetics Cattooing Other (specify)		_		

Solid waste removal company				
Containers	Dumpster			
Name of operator		_		
***The following docume	entation for the operator must be sul	omitted with this application:		
	Verification of 12 months' previous facility  One or more samples of advertisin	as experience in operating a body piercing/tattooing		
Name(s) of practitioner(s)		_		
•	Check services provided:			
		Body piercing (1000 hrs of training) Tattooing (2000 hrs. of training)		
		Permanent cosmetics (40 hrs. of training)		
N ( ) 6 ( ) ( )				
Name(s) of practitioner(s)		 services provided:		
		Body piercing (1000 hrs. of training)		
		Tattooing (2000 hrs. of training)		
		Permanent cosmetics (40 hrs. of training)		
		Ear piercing (Certificate of training)		
Name(s) of practitioner(s)				
i (*)	Check services provided:			
		5 ( )		
		(		
	_	Zan protoning (continuous or maning)		
Name(s) of practitioner(s)				
		services provided:		
		Body piercing (1000 hrs. of training) Tattooing (2000 hrs. of training)		
	_	Permanent cosmetics (40 hrs. of training)		
		Ear piercing (Certificate of training)		
*** The following docum	entation must be provided for each	practitioner with this application:		
<ul> <li>Provide evidence of completion of a blood borne pathogen course (body piercing</li> </ul>				
and tattooing only)				
Copy of certification from the American Academy of Micropigmentation (permanent				
cosmetics only) *by February 19, 2004*  Areola restoration requires a copy of 8-hour training program (permanent cosmetics only)				
Documentation of completion of training program (ear piercing only)				
<ul> <li>Proof of professional malpractice liability insurance for each practitioner</li> </ul>				

Name of licensed physician used for consultative purposes (body piercing and permanent cosmetics only)  Medical waste company name:  Medical waste generators permit #					
Medical waste company name:  Medical waste generators permit #  ***Submit a copy of the Medical Waste Permit  List any employees who have received the Hepatitis B vaccination series  Autoclave: Submit for review - a photograph of steam autoclave with make, model # and serial # printed on the back  - a copy of the manufacturer's instructions for operation of the autoclave  Name of biological monitoring laboratory	Name of licensed physician used for consultative purposes _				
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Signature of Applicant Date	Name of Applicant (Print)	Title of Applicant			
	Signature of Applicant	Date			
FOR HEALTH DEPARTMENT USE ONLY	FOR HEALTH DEPARTMENT USE ONLY				
Application Submitted Paid: License #		Paid: License #			
Date Approved Signed By	Date Approved Signed By				